

Important information about this form:

- Fill out this form to contribute money to an ABLE United account with a check.
- You may only contribute to an existing account. Use an **Enrollment Form** (or sign up online at www.ABLEUnited.com) if you don't have an account.
- Include a check with the amount you'd like to add, and make it payable to ABLE United.
- See the Program Description & Participation Agreement (www.ABLEUnited.com/pdpa) for the current ABLE account Maximum Annual Contribution Limit.
- If you're making an ABLE to Work contribution, you may contribute an amount equal to the Beneficiary's gross income, up to the ABLE accounts are subject to a Maximum Annual Contribution Limit. See the Program Description & Participation Agreement (www.ableunited.com/pdpa) for the current limit., in addition to the yearly standard contribution limit.
- Please note, once your funds have been allocated there is a 5-day hold period where you will not be able to withdraw these funds.

Need help?

Give us a call Monday – Friday from 9am – 6pm ET at **1-888-524-2253**

Individuals with speech or hearing disabilities may dial 711 to access Telecommunications Relay Service (TRS) from a telephone or TTY.

Mail the form to:

ABLE United
P.O. Box 9696
Providence, RI 02940-9696

Overnight Mail:

ABLE United
4400 Computer Drive
Westborough, MA 01581

1 ABLE account information

Name of the Beneficiary on the ABLE account (First and last)

Beneficiary's Social Security or
Taxpayer Identification Number

AU _____

ABLE United account number

2 Contribution type

Which type of contribution are you making (Please select one)

Standard contribution

ABLE accounts are subject to a Maximum Annual Contribution Limit. See the Program Description & Participation Agreement (www.ABLEUnited.com/pdpa) for the current limit.

ABLE to Work contribution

If a Beneficiary is working and his/her employer does not contribute to the Beneficiary's defined contribution plan, 403(b), or 457(b) plan within the taxable year, the Beneficiary may contribute an additional amount up to the lesser of: (i) the Beneficiary's compensation for the taxable year; or (ii) an amount equal to the Federal Poverty Level for a one person household as determined for the preceding calendar year of the tax year in which contributions are made.

3 Allocate your contribution

Choose the portfolio(s) or fund(s) you want to contribute to. There's a \$5 minimum contribution to each portfolio or fund.

Please read the **ABLE United Program Description & Participation Agreement** for important information about the cash and investment options before making a decision.

Investment options

Conservative Portfolio \$ ____ , ____ . ____
Amount

Moderate Portfolio \$ ____ , ____ . ____
Amount

Growth Portfolio \$ ____ , ____ . ____
Amount

U.S. Stock Fund \$ ____ , ____ . ____
Amount

International Stock Fund \$ ____ , ____ . ____
Amount

U.S. Bond Fund \$ ____ , ____ . ____
Amount

Money Market Fund \$ ____ , ____ . ____
Amount

FDIC Savings Fund \$ ____ , ____ . ____
Amount

\$ ____ , ____ . ____
Total contribution amount

4 Sign the form – If applicable

Only sign if you're making an ABLE to Work contribution.

By signing below, if I'm making an ABLE to Work contribution, I certify that:

- The Beneficiary is earning wages.
- The amount being contributed is less than or equal to the Beneficiary's gross income this calendar year and is no more than the current limit (see Program Disclosure Booklet for current limits).
- The Beneficiary (or the Beneficiary's employer) has not contributed to a defined contribution plan, annuity plan (403(b)), or deferred compensation plan (457(b)) this calendar year.

Signature of Beneficiary or Authorized Legal Representative

Date (mm/dd/yyyy)